

Case Number:	CM14-0028110		
Date Assigned:	06/13/2014	Date of Injury:	01/29/2013
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old year-old female who was reportedly injured on January 29, 2013. The mechanism of injury is noted as a pulling type injury involving the right upper extremity later diagnosed with right shoulder impingement syndrome. The most recent progress note dated January 22, 2014 indicates there are no ongoing complaints. The physical exam demonstrated abduction of 100, flexion of 90, positive impingement, 4/5 motor strength. The remainder of the exam is not legible. Diagnostic imaging studies included MRI and x-rays however no reports are in the files for review. Previous treatment includes physical therapy, acupuncture, nonsteroidal anti-inflammatory's and injections. A request was made for ketoprofen, cyclobenzaprine 10% - 10% compounded cream and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE (DOS: 12/14/2013): PRESCRIPTION OF KETOPROFEN CYCLOBENZAPRINE 10% / 10% COMPOUNDED CREAM, 10GM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 12.

Decision rationale: Based on the mechanism of injury, treatment currently rendered there is no clinical basis for compounded gel. As noted in MTUS guidelines topical analgesics are "largely experimental" in use with a few randomized controlled trials to determine efficacy and safety. Topical nonsteroidal anti-inflammatory's are used short-term for acute pain for individuals who are unable to use oral nonsteroidal anti-inflammatory drugs. There is no evidence for use of muscle relaxants or topical products. Compounds are not used as the first line for pain. There is no documentation patient is unable to tolerate oral meds therefore the above request is not medically necessary.

RETROSPECTIVE (DOS: 12/14/2013): PRESCRIPTION OF KETOPROFEN / CYCLOBENZAPRINE 10% / 10% COMPOUNDED CREAM, 60GM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 12.

Decision rationale: Based on the mechanism of injury, treatment currently rendered there is no clinical basis for compounded gel. As noted in MTUS guidelines topical analgesics are "largely experimental" in use with a few randomized controlled trials to determine efficacy and safety. Topical nonsteroidal anti-inflammatory's are used short-term for acute pain for individuals who are unable to use oral nonsteroidal anti-inflammatory drugs. There is no evidence for use of muscle relaxants or topical products. There is no documentation that the patient is unable to tolerate oral meds therefore the request is denied. Also, patient does not have symptoms of neuropathy and compounds are not used as the first line for pain.